

Maine Human Rights Commission
51 State House Station
Augusta, ME 04333-0051
Phone: (207) 624-6050
Fax: (207) 624-6063
Toll-free TDD: 1-888-577-6690

Charge Framer: _____
Not Docketable: _____
Date: _____

HOUSING INTAKE QUESTIONNAIRE

Name (Please print) : _____ Home Phone: _____

Work Phone: _____

Signature: _____ Date: _____

Mailing address: _____ County: _____

(City/Town) (State) (Zip Code)

List all other members of your household:

1.	Name: _____	Minor child? Yes ___ No ___
2.	Name: _____	Minor child? Yes ___ No ___
3.	Name: _____	Minor child? Yes ___ No ___
4.	Name: _____	Minor child? Yes ___ No ___
5.	Name: _____	Minor child? Yes ___ No ___
6.	Name: _____	Minor child? Yes ___ No ___

Name of a relative, friend or neighbor who would know how to reach you:

Name: _____ Relationship: _____ Phone: _____

Mailing address: _____
(City/Town) (State) (Zip Code)

I believe I have been discriminated against in housing based on: (Check all that apply)

☐ Race ☐ Color ☐ Religion ☐ National origin/ancestry ☐ Sex ☐ Sexual orientation
☐ Minor children. I am the ☐ parent; ☐ legal guardian; I have written permission of the parent or legal guardian; ☐ I am in the process of obtaining legal custody
☐ Receipt of public assistance (indicate type) _____
☐ Physical disability (indicate type) _____
☐ Mental disability (indicate type) _____

The property involved is located at:

Street address: _____

City/town: _____ State: _____ Zip Code: _____ County: _____

Rental amount: _____ Security deposit: _____ Utilities included? ☐ Yes ☐ No

Name of apartment complex: _____

Type of housing involved: ☐ Apartment (If so, how many units in building? _____)

☐ Single family dwelling ☐ Mobile home park ☐ Owner-occupied

Number of bedrooms: _____ Number of rooms other than bedrooms: _____

How did you find out that the Maine Human Rights Commission handles housing discrimination complaints? _____

The people/companies that discriminated is/are:

1. Name: _____ Home Phone: _____
Mailing address: _____ Work Phone: _____
County: _____

(City/Town) (State) (Zip Code)

☐ Owner ☐ Manager ☐ Neighbor ☐ Broker ☐ Other: _____

2. Name: _____ Home Phone: _____
Mailing address: _____ Work Phone: _____
County: _____

(City/Town) (State) (Zip Code)

☐ Owner ☐ Manager ☐ Neighbor ☐ Broker ☐ Other: _____

3. Name: _____ Home Phone: _____
Mailing address: _____ Work Phone: _____
County: _____

(City/Town) (State) (Zip Code)

☐ Owner ☐ Manager ☐ Neighbor ☐ Broker ☐ Other: _____

Earliest date of discrimination _____ Latest date of discrimination _____

Ongoing? ☐ Yes ☐ No

Type of discrimination involved: (Check all that apply)

☐ Notice to Vacate ☐ Eviction ☐ Refusal to rent ☐ Harassment

☐ Discriminatory advertisement or statements

Discriminatory terms and condition of ☐ Application / ☐ Occupancy

Do you wish to obtain or retain the unit? ☐ Yes ☐ No Your monthly income: _____

Do you have the money for rent and the security deposit? ☐ Yes ☐ No

Provide a detailed account of your discrimination complaint on the back of this form or on a separate piece of paper.